



2665
PATENT 872
450117-03519

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

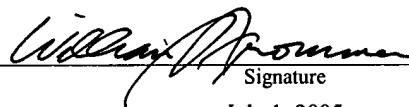
Applicants : Seiichi Izumi
Patent No. : 09/935,925
For : COMMUNICATION DEVICE FOR RECEIVING
AND TRANSMITTING OFDM SIGNALS
IN A WIRELESS COMMUNICATION SYSTEM
Filed : August 23, 2001

745 Fifth Avenue -
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, on **July 1, 2005**.

William S. Frommer, Reg. No. 25,506

(Name of Applicant, Assignee or Registered Representative)


Signature
July 1, 2005
Date of Signature

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated May 5, 2005, wherein prosecution on the merits was closed in accordance with the practice pursuant to *Ex parte Quayle*, please amend the above-identified application as follows:



PATENT
450117-03519

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Seiichi Izumi
Serial No. : 09/935,925
For : COMMUNICATION DEVICE FOR RECEIVING
AND TRANSMITTING OFDM SIGNALS IN A WIRELESS COMMUNICATION SYSTEM
Filed : August 23, 2001
Examiner : Nguyen, Phuongchau Ba
Art Unit : 2665

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	11	Minus	** = 11	* x	\$50 (25)	= \$
Independent claims	2	Minus	*** = 2	* x	\$200 (100)	= \$
Total additional fee for this amendment						\$

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ Terminal Disclaimer ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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William S. Frommer, Reg. No. 25,506

Name of Applicant, Assignee or Registered Representative

William S. Frommer
Signature

7/1/05

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:

William S. Frommer
William S. Frommer
Reg. No. 25,506
Tel: 212-588-0800

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